



**PATIENT**

Bentley Bruce

**SPECIES**

Canine

**BREED**

Golden Retriever

**SEX**

MN

**AGE**

4Y

**WEIGHT**

114lbs

**INTERPRETED BY**

Tilde Rodrigues Froes,  
DMV, MSc., Dr. Med  
Vet., Dipl. CBraRVet

**IMAGING  
PERFORMED BY**

Mobile Pet Imaging

**HOSPITAL NAME**

Mobile Pet Imaging

**REFERRING VET**

Armstrong

**INVOICE**

74576

**DATE**

4-14-26

**PRESENTING CLINICAL SIGNS**

Pet presenting with approximately 2.5–3 weeks of progressive periocular swelling and redness of one eye. The owner first noted the swelling approximately three weeks ago. During week one, the patient was evaluated by the primary care veterinarian and treated with topical ophthalmic drops without significant improvement. During week two, oral NSAIDs and antibiotics medications were initiated with partial response. The patient was subsequently evaluated by a veterinary ophthalmologist (Eye Specialist in Stuart) on 2026-03-30, who performed a complete ophthalmic examination including intraocular pressure measurement (tonometry). No corneal scratches, foreign debris, or intrinsic ocular pathology were identified. Retrobulbar abscess secondary to dental disease was not suspected by the ophthalmologist. The ophthalmologist referred the patient for CT imaging to evaluate for a possible retrobulbar mass or cyst.

**COMPUTED TOMOGRAPHIC STUDY OF THE HEAD**

A pre- and post-contrast CT study of the head was provided for review, comprising three series: one pre-contrast series (bone algorithm) and two post-contrast series (soft tissue algorithm; arterial and delayed phases).

**COMPUTED TOMOGRAPHIC FINDINGS**

The left zygomatic salivary gland is enlarged and demonstrates mild heterogeneous attenuation, without evidence of cystic hypoattenuating lesions. The gland enlargement results in a mild mass effect, causing mild exophthalmos. No radiopaque foreign material is identified.

The remaining structures of the left retrobulbar space, including the globe, are preserved.

The adjacent osseous structures, including the zygomatic arch and maxilla, are unremarkable. The adjacent dentition is complete and unremarkable.

The right zygomatic salivary gland, right retrobulbar space, and right globe are within normal limits.

The parotid and mandibular salivary glands are within normal limits.

An incidental otolith is present within the right tympanic cavity. The left tympanic cavity and external auditory canals are unremarkable.

The nasal cavities and turbinates are within normal limits. The cribriform plate is intact.

The frontal sinuses are within normal limits.

No evidence of intracranial mass effect or deviation of the falx cerebri is observed.

The temporomandibular joints are bilaterally congruent.

The mandibular lymph nodes are within normal limits. The left medial retropharyngeal lymph node is mildly enlarged. The right medial retropharyngeal lymph node is within normal limits.



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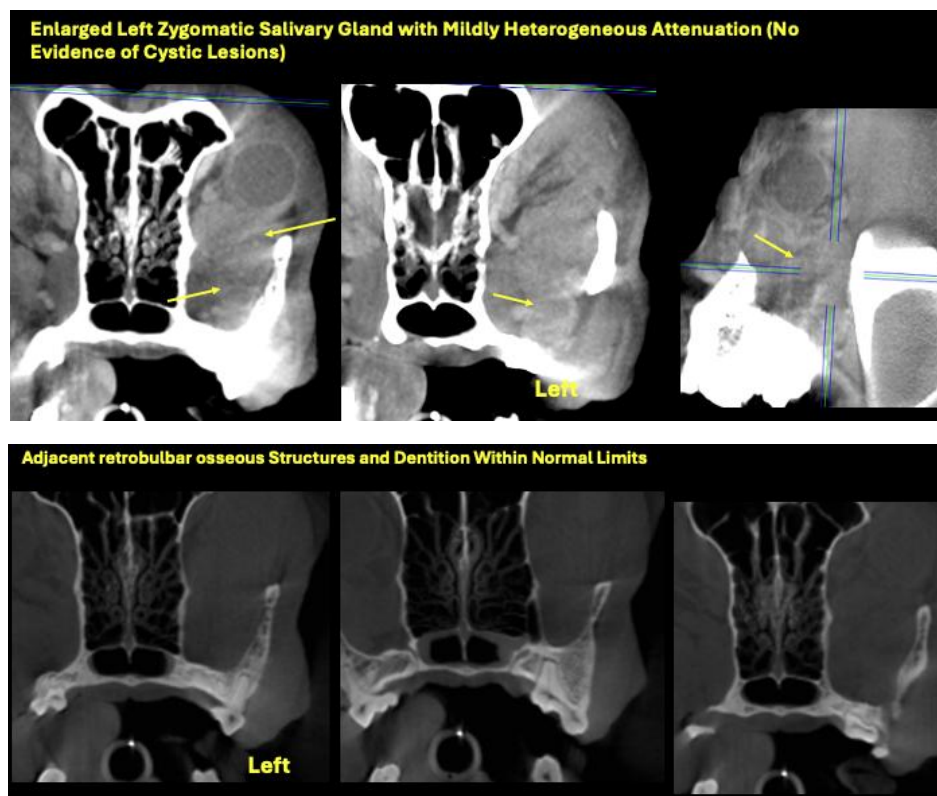
**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Enlargement of the left zygomatic salivary gland with mild heterogeneous attenuation and associated mild mass effect resulting in exophthalmos. Differential diagnoses include: Sialadenitis (inflammatory or infectious).
- Mild enlargement of the left medial retropharyngeal lymph node, likely reactive lymphadenitis.
- Incidental right tympanic cavity otolith.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The CT findings indicate unilateral enlargement of the left zygomatic salivary gland, which is the most likely cause of the observed exophthalmos. The absence of a well-defined fluid-filled structure makes a classic sialocele less likely, while the mild heterogeneity raises concern for inflammatory, or less likely early neoplastic processes.

Correlation with clinical progression and response to therapy is advised.





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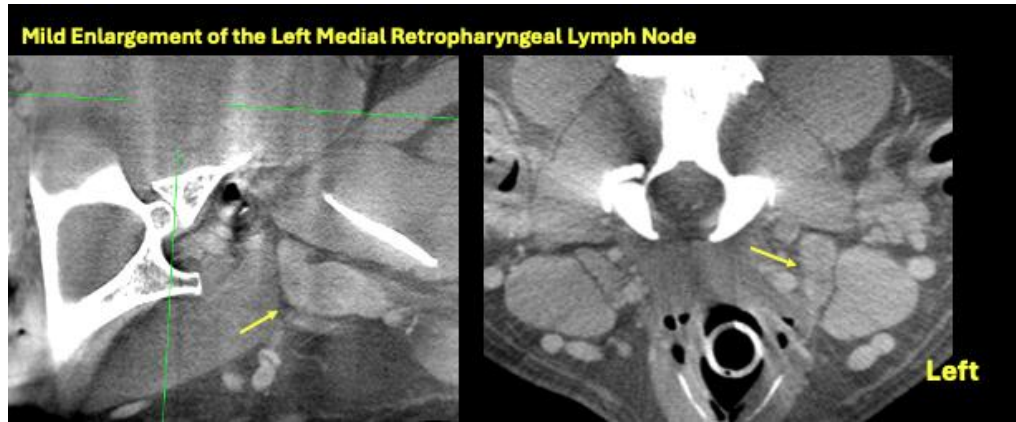
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

**Tilde Rodrigues Froes, DMV, MSc., Dr. Med.Vet., Dipl.CBraRVet**  
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